

Foster Family Home - Corrective Action Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-7

75-202 Ala Onaona Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 8/19/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

8/19/2020

Date

8/19/2020

Date